

County: Columbia
COLUMBUS CARE CENTER
825 WESTERN AVENUE

Facility ID: 2320

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COLUMBUS 53925 Phone: (920) 623-2520
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 92
Total Licensed Bed Capacity (12/31/01): 99
Number of Residents on 12/31/01: 89

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 88

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.1
Supp. Home Care-Personal Care	No					1 - 4 Years		42.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years		20.2
Day Services	No	Mental Illness (Org./Psy)	15.7	65 - 74	10.1			-----
Respite Care	Yes	Mental Illness (Other)	1.1	75 - 84	34.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.1	85 - 94	43.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	7.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	5.6		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	16.9	65 & Over	96.6	-----		
Transportation	No	Cerebrovascular	12.4		-----	RNs		10.4
Referral Service	No	Diabetes	5.6	Sex	%	LPNs		9.7
Other Services	Yes	Respiratory	5.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	32.6	Male	32.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	67.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	5	8.8	114	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	5.6
Skilled Care	11	100.0	325	52	91.2	97	0	0.0	0	21	100.0	148	0	0.0	0	0	0.0	0	84	94.4
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		57	100.0		0	0.0		21	100.0		0	0.0		0	0.0		89	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	5.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	71.9	28.1	89
Other Nursing Homes	2.6	Dressing	9.0	50.6	40.4	89
Acute Care Hospitals	91.4	Transferring	32.6	51.7	15.7	89
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	24.7	40.4	34.8	89
Rehabilitation Hospitals	0.0	Eating	49.4	22.5	28.1	89
Other Locations	0.7	*****				
Total Number of Admissions	152	Continence	%	Special Treatments		
Percent Discharges To:		Indwelling Or External Catheter	12.4	Receiving Respiratory Care	6.7	
Private Home/No Home Health	23.7	Occ/Freq. Incontinent of Bladder	47.2	Receiving Tracheostomy Care	2.2	
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	36.0	Receiving Suctioning	2.2	
Other Nursing Homes	2.6	Mobility		Receiving Ostomy Care	1.1	
Acute Care Hospitals	39.5			Receiving Tube Feeding	2.2	
Psych. Hosp. -MR/DD Facilities	0.0			Receiving Mechanically Altered Diets	32.6	
Rehabilitation Hospitals	0.0	Physically Restrained	3.4			
Other Locations	2.6	Skin Care		Other Resident Characteristics		
Deaths	31.6	With Pressure Sores	4.5	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	2.2	Medications		
(Including Deaths)	152			Receiving Psychoactive Drugs	47.2	

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Peer Group	Ratio	Bed Size: 50-99 Peer Group	Ratio	Licensure: Skilled Peer Group	Ratio	All Facilities	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.9	82.5	1.08	86.4	1.03	85.8	1.04	84.6	1.05
Current Residents from In-County	55.1	74.3	0.74	69.6	0.79	69.4	0.79	77.0	0.72
Admissions from In-County, Still Residing	9.9	19.8	0.50	19.9	0.50	23.1	0.43	20.8	0.47
Admissions/Average Daily Census	172.7	148.2	1.17	133.4	1.30	105.6	1.64	128.9	1.34
Discharges/Average Daily Census	172.7	146.6	1.18	132.0	1.31	105.9	1.63	130.0	1.33
Discharges To Private Residence/Average Daily Census	40.9	58.2	0.70	49.7	0.82	38.5	1.06	52.8	0.78
Residents Receiving Skilled Care	100	92.6	1.08	90.0	1.11	89.9	1.11	85.3	1.17
Residents Aged 65 and Older	96.6	95.1	1.02	94.7	1.02	93.3	1.04	87.5	1.10
Title 19 (Medicaid) Funded Residents	64.0	66.0	0.97	68.8	0.93	69.9	0.92	68.7	0.93
Private Pay Funded Residents	23.6	22.2	1.06	23.6	1.00	22.2	1.06	22.0	1.07
Developmentally Disabled Residents	0.0	0.8	0.00	1.0	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	16.9	31.4	0.54	36.3	0.46	38.5	0.44	33.8	0.50
General Medical Service Residents	32.6	23.8	1.37	21.1	1.54	21.2	1.53	19.4	1.68
Impaired ADL (Mean)	53.3	46.9	1.14	47.1	1.13	46.4	1.15	49.3	1.08
Psychological Problems	47.2	47.2	1.00	49.5	0.95	52.6	0.90	51.9	0.91
Nursing Care Required (Mean)	6.7	6.7	1.01	6.7	1.00	7.4	0.91	7.3	0.92